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## THE HYGIENE OF MENSTRUATION

By MARION CRAIG POTTER, M.D.

(This article has been prepared in answer to a letter of inquiry from a JOURNAL reader asking for information in regard to the care a woman should give herself during the menstrual period.—ED.)

THERE are many theories in regard to the activities of the uterus during menstruation, but none that are really satisfactory. The etiology of this function is at present a subject of such difference of opinion among members of the medical profession that it seems wiser not to discuss it here. Observers seem to agree, however, that there is an elevation of blood-pressure, that the pelvic organs become congested and enlarged, the uterine tissue softened, the endometrium thickened, the epithelium swollen, the blood-vessels engorged with blood, and later the pressure is so great that the blood is forced out into the tissues, either by rupture of the capillary walls or by diapedesis. The blood extravasates into the tissues and, following the lines of least resistance, is forced into the gland tubules and between the surface epithelium directly into the uterine cavity.

The physiological life of a woman naturally divides itself into five periods: infancy, puberty, maturity, the menopause, and senility. These transition periods are characterized by changes in the generative system, and in the menstrual function, and are times of marked stress in a woman's existence.

During infancy, although developmental changes are going on, the reproductive organs are functionally dormant. At puberty, which occurs in this climate about the age of fourteen, ovulation and menstruation occur, and a general rotundity of the figure takes place, with distinct enlargement of the pelvis. We have at this time over-stimulation of the emotional nature as well as marked psychic manifestations, due to the mental strain coincident with the evolution from childhood to womanhood. The growing girl may also have to contend with the distress of a genuine pelvic disorder and its reflex neuroses.

Maturity is the time between puberty and the menopause, and is a period of relative good health, barring the discomforts and accidents of pregnancy and lactation.

The menopause occurs between the ages of forty and fifty and is marked by vasomotor disturbances and general depression. These symptoms are often increased and prolonged by menorrhagia and metror-

rhagia. Hemorrhages at this time should not be treated slightly as "simply the change of life." They are often due to hemorrhagic endometritis, fibroid tumors, or malignant troubles, and are coincident with the menopause rather than a part of it.

Senility is the reverse of infancy, atrophic rather than developmental changes occur in the generative system, and the mental and physical powers are on the wane. It should be a period of comparative repose.

It is estimated that about 50 per cent. of women mature normally, the menstruation is moderate and free from discomfort, and the person's activities are in no way handicapped. Of those remaining who are not normal, but suffer in varying degrees from simple discomfort to agonies of pain, the large majority are simply languid and depressed, below par mentally and physically, and suffer from general malaise, with congestion of the skin, dull complexion and dark rings about the eyes; in singers the voice is often impaired due to muscular and nervous enervation. The head may be hot and throbbing, the feet cold, and the person suffer from heaviness and discomfort rather than a localized pain. The remainder suffer from acute dysmenorrhœa, and are absolutely incapacitated by the pain from pursuing their ordinary avocations at the menstrual period.

It seems necessary, in discussing this question of care for women during menstruation, to speak separately of the above three classes of cases.

To the stress of puberty may be laid a long list of symptoms that interfere greatly with the health and comfort of the woman, and which are often the remote cause of painful and tedious uterine troubles.

The women who suffer from severe dysmenorrhœa usually have pain from the very first menstrual period, and are irregular and late in maturing, the first period often not occurring until the age of seventeen or eighteen, showing that the general health is not up to standard. This group of patients are tortured by pain and nausea and are compelled to give up. Although there are various conditions that produce dysmenorrhœa, the majority are due to a flexion of the uterus, caused by lack of normal development from preceding malnutrition. The exanthemata, tubercular lesions of glands and bone, chorea, and other rheumatic disorders, eyestrain, adenoids, anæmia, and the many diseases prevalent at the premenstrual period, contribute to undermine the health of the girl and by arresting development bring about morbid changes. We are all familiar with the imperfect development of the teeth when a serious illness has preceded their eruption in second dentition. We are also familiar

with the countenance of the mouth-breather, due to interference with proper drainage of the normal secretions through the nostrils. In rhachitis we have malnutrition affecting the bony framework of the body, and a dwarfed condition may follow. Even the laity recognize the clubbed fingers of pulmonary troubles, and the curved finger-nails due to malnutrition and to interference with the circulation from various causes, as heart lesions, anæmia, and chronic diseases.

If, by long-continued congestion of the peripheral veins of the hands, the ends of the fingers become bulbous and the finger-nails curved, either longitudinally or horizontally, how reasonable that the uterus, which is small and plastic in infancy, and richly supplied with blood-vessels and lymphatics, and so sensitive to congestion, should share in this venous stasis, and its normal position be affected by this change in contour due to interference in its circulation.

In many cases of antelexion, the finger-nails are curved. This seems more than a coincidence, for often in these cases a severe illness can be traced back to childhood, which accounts for the curvature of the nails, and, from my standpoint, the same perverted nutrition caused the flexion of the uterus.

It has been my observation that women patients suffering from a heart lesion, dating back to childhood, have curved finger-nails and flexion of the uterus.

These cases are emphasized to attract attention to the necessity of giving proper care to the health of the growing child, especially trying to build up the constitution quickly if diseased conditions occur. If preventive measures have failed, and the child at puberty suffers from severe dysmenorrhœa that recurs at each menstrual period, we may feel confident, with few exceptions, it is due to a mechanical obstruction from a flexion of the uterus, due to malnutrition or some congenital deformity.

Although medicine, rest, heat, and hygienic measures may do much to alleviate the distress of dysmenorrhœa, they will not cure it. Although the person for a time may only feel troubled by the recurrent paroxysmal pain, like all cases of obstruction to proper drainage there are bound to be remote deleterious effects beside pain, if the condition is not corrected.

In the past, advice has been against the examination of young girls, but now the train of symptoms in flexion is so well recognized and the far-reaching deleterious effects of obstructive conditions so well understood, that physicians, as well as the public, need to be re-educated in this matter.

Gynæcologists advise, in cases of severe dysmenorrhœa, that the

examination of young girls should be made under an anæsthetic, with provision made for minor operative measures, as dilatation and curettage. At an early age response to remedial measures for straightening the bent canal are more satisfactory whether by treatment or by surgical measures, for they not only cure the discomfort but, by establishing proper drainage through the generative system, prevent the establishment of a "vicious cycle," which is sure to follow interference with proper drainage of the pelvic organs, viz.: endocervicitis, cervicitis, endometritis with hemorrhagic tendency, metritis, also purulent leucorrhœa due to bacteriological infection of the retained alkaline secretion of the uterus, and possibly diseases of the tubes and ovaries. As a result of this symptom complex, sterility often ensues. From the standpoint of preventive treatment of sterility, if from no other, we should create a sentiment for early treatment of girls suffering from severe dysmenorrhœa.

We will next consider the large percentage of women who have no actual pathological condition of the uterus, yet are cast down each menstrual period and incapacitated to a more or less degree. We might almost say that they suffer from an excess of the normal symptoms of the menstrual molimen.

In some cases a genuine toxin seems to develop and poisons the person. Some cases have epileptic seizures at this time, others suffer from migraine or various neuralgias, but the vast majority simply suffer from extreme languor, dulness of intellect, weariness, lack of nerve force, and inability to concentrate their efforts. There may be turgescence of the breasts, cold feet, hot head, pelvic fulness and discomfort, irritability of bowels and bladder, weight in pelvis and back, especially the day preceding menstruation.

Unless these symptoms are due to excessive loss of blood, they demand the treatment we give to other cases of autointoxication: elimination, fresh air, moderate exercise, and simple diet.

The bowels are so often loose before a period that it would seem that nature takes the initiative in the matter of elimination. A congested liver often acts as a dam to the blood supply of the pelvic organs, and unloading the portal system will relieve the trouble. Many cases are relieved by a hot bath and a saline at the beginning of menstruation, no doubt due to the elimination through the skin and bowels. The hot bath also equalizes the circulation, thus relieving the cold feet, throbbing head, and hypercongested pelvic organs. The uterus is especially engorged with blood the day preceding the period, and it is well, in cases of recurrent discomfort, for the person the day previous to menstruation, as indicated by symptoms, to cultivate repose of mind and body.

If this hypercongestion of the uterus is not relieved by proper hygienic and remedial measures, the foundation of an actual trouble may be laid. Often from anæmic and run-down conditions there is a profuse flow from lack of proper clotting qualities in the blood, and in the interim general and uterine tonics should be resorted to, the food, clothing, and surroundings should be made as hygienic as possible, and everything done to contribute to the building up of the general health of the girl. Knee-chest exercises should be taken, and great care exercised in proper poise of the body in standing and sitting so as to strengthen the uterine supports.

Acetanilide, in doses of 3 grains, repeated once or twice during menstruation, will often equalize the circulation and relieve the congestion and discomfort.

In regard to the great class of women who feel no ill effects at the time of menstruation, I can do no better than to quote from Howard Kelly:

"The periods of the menstrual flow in the healthy girl require no marked deviation from her normal hygienic habits. Great cleanliness of person and of clothing must be enjoined in opposition to the prevalent idea that bathing and changing underclothing must be avoided. The daily bath must not be intermitted; a cold sponge bath may be substituted for a cold plunge, but there is no necessity for changing the habit of daily bathing, while the underclothing requires more frequent changing than usual.

"The diet should be plain and unstimulating, in other words a diet suitable for a girl at any time may be taken during the menstrual period.

"Excessive exercise should be avoided. Many women take habitually the same amount of exercise, and teachers of physical training who do not suffer from dysmenorrhœa make no difference with their systematic exercise with apparently no ill effects. Some healthy girls habitually rest a day or two at the menstrual period, because they have been taught to do so, but unless there is marked dysmenorrhœa this is not necessary.

"On this question of rest during the menstrual period nothing has been added to our knowledge to vitiate the conclusion drawn by Dr. Mary Putnam Jacobi in 1875 ('The Question of Rest for Women during Menstruation'). She says: 'There is nothing in the nature of menstruation to imply the necessity or even the desirability of rest for women whose nutrition is really normal. The habit of periodical rest in them might easily become injurious. Many cases of pelvic congestion, developed in healthy but indolent and luxurious women, are often due to no other cause.'

"Girls should not be taught to use a vaginal douche after each menstrual period." Ninety per cent. of the micro-organisms that are abroad are destroyed by the acid secretions of the vagina, but they are not strong enough to destroy the germs of tuberculosis and diphtheria. We have ascending infection of the urinary system, through the urethra up into the bladder, causing tuberculosis of the bladder; through the ureters, causing tuberculosis of the kidneys. We have the same ascending infection through the generative channel, as tuberculosis of the vulva, vagina, and uterus. Kelly says a great deal of what is called endometritis is a genuine tubercular infection. These germs easily find their way into the tubes, and we have tubercular pus tubes. This causes us to realize that the most hygienic underclothing for women should be closed, as the long sweeping skirts easily throw the germs onto the body. This also shows why alkaline douches may be harmful by neutralizing an acid secretion whose function at that portal of the body is to protect from invading germs.

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## DIET LISTS FOR OBSTETRICAL PATIENTS

I. By EDITH C. HUNTINGTON, R.N., Tennessee

SOME three or four years ago there was an article in the *JOURNAL* about diet for obstetrical patients including the first two weeks which I always considered good, but there are two principal things about this diet which I think should be taken into consideration. The first is that the labor may be a long one, and, to prepare for it, it is best to give nothing heavy after labor begins. The patient usually does not care for it, and should not be forced to take anything more than liquids, such as tea, milk, soup. But she should take a large glass of water every two hours, or a half glass every hour. That will give the heart more liquid to lift. If the labor has been long, she should be given only the most easily digested food for two or three days, like milk and nourishing soup, and plenty of water. She may not seem weak, but she will be weak, even though she seems normal in all ways. The lack of plenty of water is the cause of many complications and a more serious illness than would be expected in patients supposed to have the best of care.

The second thing to be considered is that many mothers conceive the idea that their milk is of insufficient quantity or quality to nurse the baby.

(The request of E. L. B., published in the letter department of the February *JOURNAL*, for obstetrical diet lists, has met with so many interesting and suggestive responses, that not all can be published at once. Others will follow later.—ED.)